

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040955

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

3152

STATE FILE NUMBER

1. FILED NOV 5 1962

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KirkwoodLength of stay in 1b  
3 weeksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Chastine Nursing HomeInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN KirkwoodInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
240 W. Argonne DriveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First MARIAN

Middle E.

Last BROSSARD

4. DATE  
OF DEATH

Month October Day 28, Year 1962

5. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/30/759. AGE (last birthday)  
87IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired10b. KIND OF BUSINESS OR INDUSTRY  
School Teacher11. BIRTHPLACE (City and state or country)  
Fenton, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Peter Brossard

13b. MOTHER'S MAIDEN NAME

Cornelia Tising

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

A.D. Brossard, 339 S. Gore, Webster Groves.

18. CAUSE OF DEATH (Enter only one cause per line if  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC INSUFFICIENCY

INTERVAL BETWEEN  
ONSET AND DEATH  
4 Mo 15Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

ARTERIO SCLEROTIC HEART DISEASE

1 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 12, 1952 to 10-28-62 and last saw her alive on Oct 11, 1962  
Death occurred Oct 28, 1962 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert E. Koch M.D.

(Degree or title)

22b. ADDRESS

35 N. Central

22c. DATE SIGNED

10-30-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

10/30/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Louis H. Bopp, Inc., Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

10-30-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4003

2 4003

3

4 1

5 0

6

7 0

8 2

9 4200

10

11

12 96-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas J. Wyland*

Licensed Embalmer No.

4512

P. O. Address

*Richwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- \* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.